

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000093144**

1. Entity Name

SCALA FAMILY, INC.**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90106 031 ***158.75

Principal Place of Business

**5405 SW 28TH AVE
OCALA FL 34474**

Mailing Address

**5405 SW 28TH AVE
OCALA FL 34480-5753**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 SE 87TH ST

3. Mailing Address

900 SE 87TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3427412

Applied For

Not Applicable

Zip

Country

34480-5753**US**

Zip

Country

34480-57535. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOPER, MICHAEL J
321 N.W. THIRD AVENUE
OCALA FL 34475**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCALA, FABRIZIO**
STREET ADDRESS **5405 SW 28TH AVE**
CITY-ST-ZIP **OCALA FL 34474**TITLE **D** ☐ Delete
NAME **SCALA, LIZABETH T**
STREET ADDRESS **5405 SW 28TH AVE**
CITY-ST-ZIP **OCALA FL 34474**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **900 SE 87TH ST**
CITY-ST-ZIP **OCALA FL 34480-5753**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **900 SE, 87TH ST**
CITY-ST-ZIP **OCALA FL 34480-5753**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FABRIZIO SCALA**(352) 854-8902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)